OIPE	Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE							
	OFCLABATION	FOR UTILITY OR	Attorney Docket Nu	mber	BTI-3			
FIENT & TREDEUR	<i>V</i>	ESIGN	First Named Invento	r	Connelly, Patrick F	₹.		
	PATENT APPLICATION		COMPLETE IF KNOWN					
·	(37 C	CFR-1.63)	Application Number	10/0	77,888			
.1	☐ Declaration	X Declaration	Filing Date	February 19, 2002				
·	Submitted OR	Submitted after Initial	Group Art Unit					
	with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name						

As a below named inventor,	As a below named inventor, I hereby declare that:								
My residence, post office addr	My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first names are listed below) of the	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
"An Electromagnetic Interference Immune Tissue Invasive System"									
the specification of which (Title of the Invention) is attached hereto									
OR i was filed on (MM/DD/YYYY) February 19, 2002 as United States Application Number or PCT International									
Application Number 10/077,888 and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have review amended by any amendment s	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign application	numbers are listed on a	supplemental priority data	a sheet PTO/SB/0	2B attached hereto:					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	Filing Date	(MM/DD/YYYY)							
60/269,817	02/20/2001	02/20/2001		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
				,					

[Page 1 of 2]
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PTO/SB/01 (12-97)

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DECLARATION — Utility or Design Patent Application Ihereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, lacknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the artificial of the prior application. and the national or PCT international filing date of this application. **Parent Patent Number** U.S. Parent Application or PCT Parent Parent Filing Date Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto. As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer Number 27157 OR Registered practitioner(s) name/registration number listed below Registration egistration Name Name N)m/ber Number TRADEMARK OFFICE Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: X **Customer Number** Correspondence address below or Bar Code Label Name Address Address City Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Patrick R Connelly Inventor's Signature V Rochester US Residence: City Country 450 Linden Street Post Office Address Post Office Address Rochester State NY 14620 US Country Additional inventors are being named on the

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

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	Name of Additional Joint Inventor, if any:			1 4 44 4 4 4	16			
				A petition has been filed for this unsigned inventor				
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	Stuart G.	\bigcap	Mad	Donald	Т			
	Inventor's Signature /					Date 18 Mania		
:	Residence: City Pultneyville	State NY		Country US		Citizenship US		
	Mailing Address 4663 East Lake Road							
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		State NY	ZIP 14580 Cou			intry US		
ļ	Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Inventor's Signature			A petition has been filed for this unsigned inventor				
ŀ				Family Name or Surname				
					Date			
	Residence: City	State		Country		Citizenship		
	Mailing Address							
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